MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/019360

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/			/			51							
2		/		(1)			52							
3		/		(1)			53							
4		/		(1)			54							
5	/						55							
6		3		(1)			56							
7		3					57							
8		3		(1)			58							
9		1		(1)			59							
10				/			60							
11				/			61							
12				/			62							
13					/		63							
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46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	2		3				TOTAL IND.							
TOTAL DEP.	11		10				TOTAL DEP.							
TOTAL CLAIMS	13		13				TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

ORM PTO-1360 (REV. 3-78)

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